

On The Move

Fitness & Conditioning

Health History

A) *Personal Information (Please print):*

Name _____ Gender _____ DOB (M/D/Y) _____ Age _____

Address _____ City, state, zip _____

Phone _____ E-mail _____

Emergency Contact _____ Phone _____

B) *Cardiovascular Risks*

Please check any that apply and age of onset:

	You	Mother	Father	Brother/Sister
High Blood Pressure	_____	_____	_____	_____
High Cholesterol	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Heart Disease	_____	_____	_____	_____
Bypass Surgery	_____	_____	_____	_____
Stroke	_____	_____	_____	_____

C) *Personal Health History*

Current weight _____ Height _____

1. Do you frequently experience any of the following:

<input type="checkbox"/> Chest pain	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Ankle swelling
<input type="checkbox"/> Lightheadedness of fainting	<input type="checkbox"/> Heart murmur
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Breathlessness that awakens you at night

2. If you are a female, are you pregnant or have you given birth within the last year? Yes ___ No ___

If yes, due date or date of child's birth: _____

3. Are you presently taking any medication? Yes ___ No ___

If yes, give name and dosage: _____

4. Are you on a special diet? Yes ___ No ___

If yes, please describe: _____

5. Do you have any physical condition, or disability affecting your ability to undertake an exercise program?

Yes ___ No ___

If yes, please explain: _____

6. Have you ever passed out during physical activity? Yes ___ No ___

If yes, please explain: _____

7. Smoke(d) cigarettes: _____

8. Have you ever been diagnosed with or do you have any of the following:

<input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Thyroid problems
<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Chronic bronchitis
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Asthma

D) *Injuries*

Please check any of the following injuries you have and specify which bone, muscle, joint, etc., and the year the injury occurred:

Broken bones _____
 Muscle strain/sprain _____
 Ligament, tendon, or cartilage injury _____
 Joint injury or chronic pain _____
 Back injury or chronic pain _____
 Nerve entrapment (e.g. carpal tunnel syndrome) _____
 Other _____

On the Move Fitness & Conditioning takes photographs of its participants for posting on its website, promotional material, press releases and other forms of public display.

Initial the "Yes" box if you release *On the Move Fitness & Conditioning* to use images of yourself.
Initial the "No" box if you **do not** wish images of yourself to be displayed.

Yes _____ No _____

I hereby confirm the information above is true and complete to the best of my knowledge.

Signature of participant

Date

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PAR-Q: Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become more physically active than you are now, start by answering the eight questions below. If you are above the age of 15, the PAR-Q will tell you if you should check with your doctor before you start. **American College of Sports Medicine (ACSM) guidelines require that men over the age of 45 and woman over the age of 55 complete a "Medical Authorization Form" from their physician BEFORE training.**

YES or NO (please circle Y or N)

1. Y___ N___ Are you a man over the age of 45 or a woman over the age of 55?
2. Y___ N___ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
3. Y___ N___ Do you feel pain in your chest when you do physical activity?
4. Y___ N___ In the past month, have you had chest pain when you were not doing physical activity?
5. Y___ N___ Do you lose your balance because of dizziness or do you ever lose consciousness?
6. Y___ N___ Do you have a bone or joint problem that could be made worse by a change in your physical activity?
7. Y___ N___ Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
8. Y___ N___ Do you know of any other reason why you should not do physical activity?

If you answered YES to any of the above questions, you and your doctor will need to complete a Medical Authorization Form BEFORE you become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

NOTE: You may be able to do any activity you want, as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. If you answered NO to all PAR-Q questions you can be reasonably sure you can become more physically active and take part in a fitness appraisal/training.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name (print): _____ Date: _____

Signature: _____

PAR-Q Significance/Clarifications:

For each question above, please see significance/clarification below to answer the questions appropriately.

- 1.** Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescriptions follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.
- 2.** See question 3.
- 3.** A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his/her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.
- 4.** A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should be undertaken until serious cardiac disorders have been excluded.
- 5.** Existing musculo-skeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systematic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.
- 6.** See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition or factor requires special precautions during exercise training or contraindications exercise training.
- 7.** The exercise prescription may be modified in accordance with the specific reason provided.

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Waiver, Release, and Assumption of Risk

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please initial in the spaces provided and print your name legibly and sign at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Joseph Grillo (On The Move-Fitness & Conditioning) which will include, but may not be limited to, weight and/or resistance training. In consideration of Joseph Grillo's (On The Move-Fitness & Conditioning) agreement to instruct, assist, and train me, I do hereby hold harmless Joseph Grillo (On The Move-Fitness & Conditioning), and respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action, or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; AND(3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

Assumption of Risk

_____ I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

_____ I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

_____ I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Joseph Grillo (On The Move-Fitness & Conditioning) I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST JOSEPH S. GRILLO (ON THE MOVE-FITNESS & CONDITIONING) FOR YOUR NEGLIGENCE OR THAT OF ANY EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's Signature

Date

Please Print Name